Request for Review of a Substantiation

forms cannot be processed. Please print everything but the signature. To request review of a substantiation, please fill out this form accurately and completely. Incomplete

may include information about how much time you have to request a review. If you recently received a letter informing you about the substantiation decision, read it carefully. It

Contact Information for Person Substantiated	rson Substantiated		
Last Name		First Name	Middle Name
Other Names Used			
Mailing Address		City/Town & State	Zip Code
Date of Birth (mm/dd/yyyy)	Daytime Phone (include area code)	Email Address	
Parent/Legal Guardian of Person Substantiated	Person Substantiated		
If you are the parent or legal guinclude your information below.	If you are the parent or legal guardian of a child or adult who is the subject of this request, please include your information below.	is the subject of this requ	ıest, please
Last Name		First Name	Middle Name
Daytime Phone (including area code))	Email Address	
Signature of Person on Registry / Parent or Guardian	gistry / Parent or Guardian		
Signature		Date	

Mail your completed form to:

Vermont Department for Children and Families Commissioner's Registry Review Unit 103 South Main Street Waterbury, VT 05671-2401



Request for the Expungement (removal) of your **Name from the Child Protection Registry**

Incomplete forms cannot be processed. Please print everything but the signature. To petition for the removal of your registry record, please fill out this form accurately and completely.

Is thi	
າis petition fo	
r expungemen	
t employment	
t related? □Yes □No	
□Yes	

Signature of Person on Registry / Parent or Guardian	Daytime Phone (including area code)	Last Name First Name	If you are the parent or legal guardian of a child or adult who is the subject of this request, please include your information below.	Parent/Legal Guardian of Person Substantiated	Date of Birth (mm/dd/yyyy) Daytime Phone (include area code) Email Address	Mailing Address City/Town & State	Other Names Used	Last Name First Name	Contact Information for Person Substantiated
	Email Address	First Name) is the subject of this requ		Email Address	City/Town & State		First Name	
		Middle Name	uest, please			Zip Code		Middle Name	

Mail your completed form to:

Vermont Department for Children and Families Commissioner's Registry Review Unit 103 South Main Street Waterbury, VT 05671-2401

